IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

650 6174053

RECEIVED CENTRAL FAX CENTER

Applicants

Michael D. West et al

Application No.

10/790,640 Confirmation No.: 9766

JAN 2 9 2007

Filed For March 1, 2004

:

METHODS OF RESTORING TELOMERE

LENGTH AND EXTENDING CELL

LIFESPAN USING NUCLEAR TRANSFER

Group Art Unit

1632

Examiner

Peter Paras, Jr.

OFFICIAL FACSIMILE TRANSMITTAL

TO: Mail Stop Amendment

Hon. Commissioner for Patents

P. O. Box 1450

Alexandria, Virginia 22313-1450

FACSIMILE NUMBER: 1,571,273,8300

THE SENDER IS:

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Attorney Docket:

103080-P04-026

CERTIFICATION OF FACSIMILE TRANSMISSION

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Jiang

Enclosures:

- 1. Transmittal Form (1 page)
- 2. Fee Transmittal (1 page) in duplicate
- 3. Reply to Notice of Non-Compliant Amendment (21 pages)

TOTAL NUMBER OF PAGES, INCLUDING COVER LETTER 25

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JAN 2 9 2007

PTO/SB/21 (09-06)

Approved for use through 03/31/2007 OMB 0651-0031
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Under the Paperwork Reduction Act of 1995, no		40/7004	340			
	Application Number	 	10/790,640			
TRANSMITTAL	Filing Date		arch 1, 2004			
FORM	First Named Inventor	Michael D. West				
	Art Unit	1632				
(to be used for all correspondence after initial filling	Examiner Name	Peter Pa	Peter Paras, Jr.			
	23 Attorney Docket Number	103080-P04-026				
	ENCLOSURES (Check all	that apply)				
Fee Transmittal Form	Drawing(s)		After All	lowance Communication to TC		
Fee Attached	Licensing-related Papers	of Appeals and Interfe		Communication to Board als and Interferences		
Amendment/Reply	Petition Petition to Convert to a		Appeal (Appeal	Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) Proprietary Information		
After Final	Provisional Application		Proprie			
Affidavits/declaration(s)	Power of Attorney, Revocation Change of Correspondence	on Address	Status	t etter		
Extension of Time Request	Terminal Disclaimer			Enclosure(s) (please Identify		
	Request for Refund		below):			
Express Abandonment Request	=======================================					
Information Disclosure Statement	CD, Number of CD(s)					
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Certified Copy of Priority Document(s)	Remarks					
Reply to Missing Parts/						
Incomplete Application						
Reply to Missing Parts under 37 CFR 1.52 or 1 53						
SIGNATI	URE OF APPLICANT, ATTO	RNEY, C	R AGENT			
Firm Name Fish & Neave IP Grou	p of Ropes & Gray LLP (Cus	tomer No	. 1473)			
Signature Jan Bun &	2.					
Printed name Tae Bum Shin						
Date January 29, 2007		Reg. No.	L0091			
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	to the LISP	YO or depo	sited with the Un	ited States Postal Service with		
I hereby cartify that this correspondence is be- sufficient postage as first class mail in an enve the date shown below:	elope addressed to. Commissioner f	or Patents,	P O. Box 1450,	Alexandria, VA 22313-1450 on		
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Signature (With					

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	Effective on 12/08/2004. Complete If Known							
Fees pursuant to the Consolidated Appropriations Act, 2005 (If R 4818)				cation Number	10/790,64			
FEE TRANSMITTAL for FY 2006			Filing	Date	March 1,	March 1, 2004		
				Named Inventor	Michael C	Michael D. West		
			Exan	niner Name		Peter Paras, Jr.		
Applicant claims small entity status See 37 CFR 1.27			Ant	Init	1632			
TOTAL AMOUNT OF PAYMENT (\$)25				Attorney Docket No. 103080-P04-				
METHOD OF PAYME	NT (check all	that apply)				<u> </u>		
Check Cred			None [Other (please	identify):			
Deposit Account	Deposit Account	Number, <u>06-107</u>	5 (103080-P04-0	26)_Deposit Accou	nt Namo			
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Charge any under 37 CF warning: Information on operation and authorizal	R 1.16 and 1.1 this form may be tion on PTO-2038) or underpaymo 7 ecomo public. Cr 3.	edit card information	Credit any or on should not be	rerpayments			
FEE CALCULATION	I (All the fees	below are du	<u>ue upon filing o</u>	or may be sub	ect to a surc	narge.)		
1. BASIC FILING, SE	EARCH, AND	EXAMINATIO	N FEES			TION FEES		
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A 40 151 **		Small Entity	Fee_(\$)	Foe (\$)	Fe <u>e (\$)</u>	Fee (\$)	Fees Paid (\$)	
Application Type	Fee (\$)	<u>Fee (\$)</u> 150	500	250	200	100		
∐tility	300	100	100	50	130	65		
Design	200		300	150	160	80		
Plant	200	100		250	600	300		
Keissuc	300	150	500	0	0	0		
Provisional	200	100	0	U	U	-	mall <u>Entity</u>	
2. EXCESS CLAIM F	EES					<u>5</u>	Foe (\$)	
Fee Description	to allocable to 19 of the	ocupa)				50	25	
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Each independent cla Multiple dependent c		Hornig Meisson	.007			360	180	
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